

<b>Case Number:</b>	CM14-0160653		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for neck, low back, shoulder, hip, ankle, and foot pain reportedly associated with an industrial injury of June 19, 2014. In a Utilization Review Report dated September 23, 2014, the claims administrator denied a request for 16 sessions of physical therapy for the body parts at issue. The claims administrator stated that its decision was based on an RFA form dated September 23, 2014. The claims administrator stated that the applicant had had unspecified amounts of physical therapy, manipulative therapy, and acupuncture. The MTUS Chronic Pain Medical Treatment Guidelines were invoked, along with a Doctor's First Report of July 17, 2014 and handwritten progress note of August 21, 2014. The applicant's attorney subsequently appealed. In an RFA form dated July 17, 2014, authorization was sought for an interferential unit with associated supplies and batteries. A lumbar support, a motorized hot and cold pack, and ankle support were also sought on the same date. In a handwritten progress note dated August 21, 2014, the applicant was placed off of work, on total temporary disability owing to a primary complaint of low back pain with ancillary complaints of shoulder pain, neck pain, anxiety, insomnia, and ankle pain. Orthopedic consultation, psychological consultation, and aquatic therapy were sought. Multiple rehabilitation kits were also ordered, including rehabilitation kits for the neck, low back, and shoulder. Additional physical therapy was sought. It was stated that the request for additional physical therapy was a renewal request as the applicant was asked to continue physical therapy at a rate of twice weekly. Extracorporeal shockwave therapy was also endorsed via an RFA form dated August 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical Therapy 2x8 for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-5, page 299.

**Decision rationale:** The 16-session course of treatment proposed, in and of itself, represents treatment well in excess of the one to two visits endorsed in the MTUS-adopted ACOEM guidelines in Chapter 12, Table 12-5, page 299 for education, counseling, and evaluation of home exercise transition purposes. It is further noted that the applicant had had prior unspecified amounts of physical therapy for the lumbar spine as the August 21, 2014 progress note, referenced above, suggested that the request for physical therapy represented a continuation of request or renewal request. The applicant has, however, seemingly failed to demonstrate any lasting benefit or functional improvement with earlier treatment as evinced by the applicant's failure to return to work. The applicant was off of work, on total temporary disability, as of the August 21, 2014 progress note on which additional physical therapy was sought. The fact that orthopedic consultation, psychological consultation, extracorporeal shockwave therapy, interferential stimulator, a motorized hot and cold unit, etc., were being concomitantly sought, coupled with the fact that the applicant remained off of work, suggested a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of physical therapy. Therefore, the request for 16 additional sessions of physical therapy is not medically necessary.

**Physical Therapy 2x8 for the right hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, Exercise topic

**Decision rationale:** The MTUS-adopted ACOEM Guidelines do not address the topic of physical therapy for the hip, the body part at issue here. The MTUS Chronic Pain Medical Treatment Guidelines did not govern this acute to subacute issue as of the progress note on which additional physical therapy was sought, August 21, 2014. The 16-session course of therapy proposed represents treatment well in excess of the "one to three appointments" endorsing the Third Edition ACOEM Guideline Hip and Groin Chapter for instruction in home exercises and a stretching program. It is further noted that the applicant had already had prior unspecified amounts of physical therapy prior to the date additional treatment was sought, August 21, 2014. The attending provider wrote on that date that the request represented a request for continued physical therapy. The applicant had, however, failed to demonstrate any

lasting benefit or functional improvement through prior treatment as evinced by the applicant's remaining off of work, on total temporary disability, as of the date of the request. The concomitant request for numerous other forms of medical treatment, including a motorized hot and cold unit, extracorporeal shockwave therapy, a lumbar support, and an interferential unit, etc., coupled with the applicant's remaining off of work, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite earlier unspecified amounts of physical therapy treatment. Therefore, the request for 16 additional sessions of physical therapy for the hip is not medically necessary.

**Physical Therapy 2x8 for the right ankle/foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-3, page 370.

**Decision rationale:** The 16-session course of therapy proposed, in and of itself, represents treatment in excess of the "initial followup visits" endorsed in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-3, page 370 for education, counseling, and evaluation of home exercise transition purposes. The applicant, it is further noted, had seemingly had prior unspecified amounts of physical therapy treatment through the date of the progress note on which additional treatment was sought, August 21, 2014. The applicant had, however, failed to demonstrate any lasting benefit or functional improvement with earlier treatment. The applicant remained off of work, on total temporary disability. The applicant remained dependent on other forms of medical treatment, including extracorporeal shockwave therapy, a hot and cold unit, an interferential unit, a psychological evaluation, an orthopedic consultation, etc., all of which, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f with earlier unspecified amounts of physical therapy treatment through the date of the request, August 21, 2014. Therefore, the request is not medically necessary.